

The NIH Record

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National
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Dr. Jeffrey Schlom, NCI, Gains New Research Honors



Dr. Schlom

Dr. Jeffrey Schlom, chief, NCI Laboratory of Tumor Immunology and Biology, Division of Cancer Biology and Diagnosis, recently received two honors for his work on monoclonal antibodies.

Dr. Schlom delivered the annual George Gross Memorial Lecture June 16 at the Beth Israel Medical Center in Newark, NJ. His lecture was entitled "Monoclonal Antibodies: Their Potential in Prognosis, Diagnosis, and Therapy of Cancer." NCI Director Dr. Vincent T. DeVita, Jr., is a previous George Gross lecturer.

(See DR. SCHLOM, Page 6)

Play It Safe With Electricity

"In view of the recent tragedy that occurred on the NIH campus, we feel it is an important time to discuss electrical safety hazards and precautions with all NIH employees," said Roland Corsey, Biomedical Engineering and Instrumentation Branch, Division of Research Services. Mr. Corsey runs the electrical safety program for patient-related electrical equipment in the Clinical Center and is the Chairman of the Clinical Center Safety Committee.

Mr. Corsey has outlined for NIH employees some of the things that require attention when dealing with electrical equipment.

- A tingling sensation when touching

(See SAFETY, Page 5)

AIDS Research Sponsored by NIAID, NHLBI Aimed at Blood Test and Ties, Infectious Agents

AIDS, a recently recognized condition of unknown cause, is a severe suppression of the body's immune system leading to disorders that include Kaposi's sarcoma, which is a rare tumor of the blood vessel walls, and opportunistic infections such as Pneumocystis carinii pneumonia.

AIDS occurs primarily among homosexual or bisexual men with multiple sex partners, intravenous drug abusers, recent Haitian entrants into the U.S., and hemophiliacs. As of Aug. 15, there had been 2,094 cases of AIDS reported, with 805 deaths. So far, the immune suppression has not been reversed in any AIDS patient.

The cause of the disease and mode of transmission are unknown but it appears to be primarily transmitted through sexual contact; to a lesser degree, through contaminated needles used by intravenous drug abusers and, rarely, through a blood component given to hemophiliacs. An infectious agent—a new virus, for example, or one that has mutated from a known virus—is a major suspect.

NIAID

A 3-year, \$1.7 million contract with the New York Blood Center and Memorial Sloan-Kettering Cancer Center in New York City to collect specimens of blood and other body secretions from potential acquired immune deficiency syndrome (AIDS) victims has been announced by the National Institute of Allergy and Infectious Diseases.

Investigators will use the specimens to try to find the infectious agent or agents that may be responsible for AIDS. They will also look for any changes in specific blood cells that may predict the disease.

Many specimens of blood and body secretions have been collected from patients who have already been diagnosed as having AIDS. However, scientists believe that the disease probably is transmitted several months before signs of AIDS appear.

This new contract is specifically designed to collect specimens during the time the risk group may be exposed and get AIDS but before symptoms appear.

The blood center and cancer center in New York will provide NIAID with specimens of blood and other body secretions from 325 male homosexuals.

Three groups of volunteers will be recruited. One group will include individuals with unexplained generalized swollen lymph nodes, persistent weight loss, and persistent fever. These symptoms may be early signs of AIDS.

The second group will consist of healthy homosexual males who regularly donated plasma and serum samples to the New York Blood Center in the past. Many such samples are in storage and can be used in the study.

A third group of male homosexuals, who live in an area where AIDS is uncommon, will serve as unexposed controls.

(See SPECIMENS, Page 6)

NHLBI

Requests for Proposals (RFP) and for Applications (RFA) for two new research initiatives on acquired immune deficiency syndrome (AIDS) have been announced by the National Heart, Lung, and Blood Institute.

NHLBI's proposed projects are aimed at developing a specific blood screening test to identify AIDS carriers before they develop symptoms, and a 5-year study to determine the association between the use of blood and blood products in the spread of AIDS.

Estimated funding for these projects is \$4.4 million.

The Institute invites the scientific community to submit applications for research grants and contracts on these projects to the NHLBI Division of Blood Diseases and Resources.

The RFA initiative seeks grant proposals aimed at developing a specific test to identify carriers of AIDS with no symptoms. Scientists have speculated that a person who contracts AIDS may spread the disease to others before symptoms occur.

Presently no such screening test exists, but once found, it could help identify carriers and allow physicians to begin treatment before the victim enters advanced stages of the disease.

The RFP initiative is to solicit contract proposals for a 5-year study to determine if there is any association between use of blood products and development of AIDS. The study will examine alterations in immune function and other biological functions among patients receiving many blood transfusions to see if these alterations are related to susceptibility to AIDS.

Patients in this study will include certain individuals with sickle cell disease or Cooley's anemia (thalassemia), hemophiliacs who use blood products to control

(See BLOOD TESTS, Page 6)

The NIH Record

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Training Tips

The following courses, sponsored by the Division of Personnel Management, are given in Bldg. 31.

Office Skills	Course Starts	Deadline
Travel Orders and Vouchers	9/26	9/7
Travel Orders and Vouchers	10/3	9/19
Travel Orders and Vouchers	11/14	10/26
Medical Terminology I	9/13	8/23
Proofreading	9/19	8/26
Keyboarding for Professionals	10/3	9/13
Executive, Management and Supervisory		
Effective Communication	9/27	9/12

To learn about these and other courses, contact the Development and Training Operations Branch, DPM, 496-6371.

NIH Sons of Italy to Meet Sept. 7

The recently formed NIH chapter of the Order Sons of Italy in America (OSIA) will hold its fourth meeting Wednesday, Sept. 7, in Bldg. 31, Conf. Rm. 8, C-Wing from 11:30 a.m. to 1:30 p.m. Bring a bag lunch if you wish.

A slate of officers has been nominated but additional nominations can be made at the upcoming meeting at which the group will elect officers and select a name for the chapter.

New officers will be inaugurated at ceremonies to be held at the Navy Medical Officers Club on Oct. 22. □



Marian E. Beratan (I) and Connie J. Keller recently completed the librarian career development program at the National Library of Medicine. The 2-year training program under the NIH Career Development Branch, DPM, included work rotations in Library Operations and library science courses at the University of Maryland from which they received their master's degrees in May. Ms. Beratan has been assigned to a librarian position in the reference section, Reference Services Division. Ms. Keller has assumed a librarian position in the serial records section, Technical Services Division.

Health's Angels 10-Mile Run To Be Held Sept. 18

The 8th annual NIH Health's Angels anniversary 10-mile run will be held Sunday, Sept. 18 at 9:45 a.m. The race, cosponsored by the D.C. Recreation Center in Rockville, is run out-and-back on the bike path along Beach Dr. with a short hill on Old Spring Rd. Peter Ney holds the course record of 52:12 for men, Patty Deuster has set the woman's mark at 64:45, and Jim Larkin has the best "unbody" time of 60:43.

The 10-miler will be preceded by a 1-mile fun run for children 10 or under starting at 9 a.m., and a 2-mile "Run for Your Life" at 9:15 a.m. All events are open. Registration is the day of the race.

An entry fee of \$1 will be collected (\$.50 for DCRC members). There will be ribbons for all finishers and awards for the fastest male, female, male NIHer, female NIHer, and the famous Health's Angels' "Unbody" Award for the fastest runner whose weight is 2.5 times or more his/her height in inches. □

Cafeteria Worker Dies From Electrical Shock

Shirley Foster, member of the Clinical Center's cafeteria staff, died Aug. 8 from an electrical shock injury received from a yogurt-making machine.

"She was trying to investigate a similar but lighter, immediately preceding shock injury to a coworker, Mrs. Lillian Crawford," stated Dr. John L. Decker, Director, Clinical Center, in a memorandum to CC employees.

Mrs. Foster was an employee of GSI, the contracting firm which operates NIH's cafeterias. She is survived by eight children.

The R&W and GSI have established a Shirley Foster Fund and anyone wishing to make donations should send contributions to (and make checks payable to): "R&W-Shirley Foster Fund," Bldg. 31, Rm. B1W30.

Employees Help Solve Job Problems at DES

A new way to involve employees in solving work-related problems has begun in the Division of Engineering Services (DES). The concept is called Quality Circles.

A Quality Circle (QC) is a small group of employees, generally from the same work area, who volunteer to meet regularly on agency time to identify, analyze, and solve work-related problems. QC members receive special training in problem solving techniques and group dynamics.

QC members literally serve as in-house "consultants" to management on how to improve work conditions and quality of services.

QCs are based on the belief that improvements in quality and productivity come not only from technological changes but also from greater employee participation in problem solving and decision making in the workplace.

QCs began in Japan shortly after World War II. Japanese products had a reputation of being poor-quality imitations of Western products. Realizing it had to rebuild its industries, Japan turned to the U.S. for guidance on how to improve the quality of its manufactured products.

Two American experts on quality control and management, W. Edwards Deming and Joseph M. Juran, were instrumental in the successful development and implementation of the QC concept in Japan. Today millions of Japanese workers participate.

Lockheed Pilots Program

Successful Japanese efforts led a major American firm, Lockheed Corporation, to start one of the first quality circles programs in the U.S. in 1974. Since that time, hundreds of American manufacturing firms, health and service industries, and the Federal Government have established QC programs.

In starting a pilot program in DES, NIH joins the Departments of Defense, Agriculture, Labor, Energy, and NASA. Montgomery County is one of a number of county governments to start a QC program.

The concept was introduced to the NIH community in the Spring of 1982 by John J. Migliore and Robert J. Slevin, Division of Management Policy. The introductory QC training course, coordinated by Gary Combs of the Division of Personnel Management, was enthusiastically subscribed to by the staff of DES. As a result, a DES Pilot Program began last January under the direction of Dr. Edwin D. Becker, NIH Associate Director for Research Services (ORS), and Paul A. Jarvis, Director, DES.

In initiating the program, Dr. Becker expressed the belief, based upon other ORS employee participation programs, that greater employee involvement in designing and scheduling their work results in better quality services and more efficient operations and, in some cases, cost savings. There are four QCs, one each in the power plant, shop stores, electric shop, and the Clinical Center's maintenance section, with 40 employees and supervisors participating. After evaluation, the program may be expanded to other parts of ORS. □

Exercise May Slow Age-Related Physical Decline

Long-term exercise may prevent or alleviate some of the diseases and disabilities of old age, according to recent research.

It is not yet clear whether exercise, carried out on a regular basis, will affect the process of aging itself. But some scientists believe that exercise can slow age-related physical decline brought on by certain diseases and lifestyles.

One such investigator is John O. Holloszy at Washington University in St. Louis. He believes that regular, moderate exercise may benefit the heart and lungs, help keep body fat down, increase glucose (sugar) tolerance, reduce the risk of coronary artery disease, and in some cases, aid sleep and alleviate depression.

Holloszy's studies of exercise, supported by a research grant from the National Institute on Aging, have confirmed some earlier findings about exercise and yielded important insights into certain aging processes.

Looking at Longevity

Holloszy is evaluating the effects of long-term regularly performed exercise on longevity in the rat. He wants to determine which types of illness are more common in sedentary rats, and if causes of death differ in active and inactive animals.

He has found that a lifetime program of moderate exercise can prolong rats' lives. But more research must be done before any conclusions can be drawn about types of illness and causes of death in exercising versus sedentary animals.

The subjects of Holloszy's study are 440 male Long Evans rats assigned to four different groups.

Those in the first group exercised regularly on activity wheels attached to their cages or by swimming for 4 hours, 5 days a week. These animals either ate freely or were given almost as much food as they normally would eat. (Some restriction was required to keep the animals exercising voluntarily.)

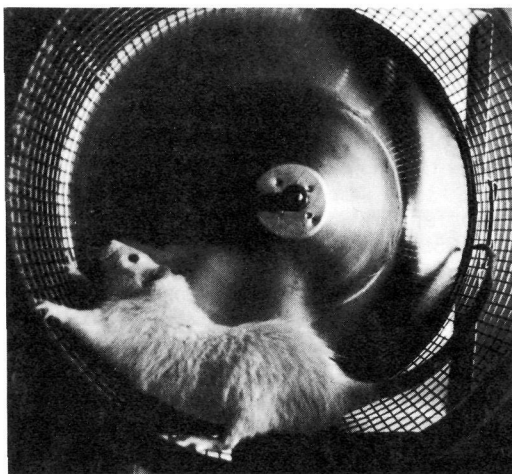
The other three groups of rats got no exercise. One group was given as much food as the exercisers. Another group ate as much food as they wanted. And a third group was diet-restricted to keep their weight the same as that of the exercisers.

Some of the rats in each group were studied at different ages to determine effects of their diet and exercise regimens; others were studied after they died in old age.

Runners Live Longer

Although the study is not finished, early results show that exercising rats live longer than inactive ones. About half the runners were still alive at 34 months of age, compared to 30 percent of the sedentary animals that ate as much food as the runners and 25 percent of the freely eating, inactive animals.

The rats that lived the longest, however, were those whose diets were restricted so that their weights matched those of the exercising animals. These rats were given 65 to 70 percent of the food they normally would have eaten. It is known that severe food restriction increases the lifespan of



This rat, who is running in an exercise wheel, may live longer than his sedentary litter mates. Studies by NIA grantee John Holloszy at Washington University in St. Louis suggest that a lifetime program of moderate exercise can prolong rats' lives.

rats, but why is not fully understood.

Holloszy and his associates also are looking at the effects of aging and exercise on body composition, blood sugar levels, skeletal muscles, connective tissue, and cholesterol levels.

Their studies have reconfirmed the fact that there is a progressive change in body composition with age. In rats, as in humans, there is a gradual loss of lean body tissue and an increase in body fat with age.

Holloszy's results showed, however, that lean tissue declines at a slower rate in rats that exercise. Furthermore, exercise may be more effective than dietary restriction in controlling body fat in older animals. Rats living on restricted diets and not exercising had more body fat than exercised rats given plenty of food.

Fat Cells Increase

Another finding by Holloszy is that the number of fat cells increases in older rats. This is contrary to reports by other scientists that fat cell number is fixed early in life. In this study, the number of fat cells was highest at 28 months (late life for a rat).

Holloszy also compared sensitivity to insulin and the rate at which skeletal muscles take up glucose in young and old rats. Insulin is the hormone that enables the body to use glucose (sugar) properly. He found that the rate at which skeletal muscles take up glucose was not significantly different in 24-month-old rats than in 9-month-old ones, providing evidence that insulin sensitivity need not deteriorate with age.

Then Holloszy compared glucose uptake in freely eating rats that exercised, freely eating rats that were sedentary, and sedentary rats whose diets were controlled so that their weight was the same as that of the exercisers.

He found that glucose uptake by skeletal muscles was significantly higher in the exercisers than in the sedentary freely eating rats, but not in the diet-controlled sedentary rats. Thus, both exercise and weight play important roles in the body's ability to handle sugar.

Glucose uptake by fat cells and their sensitivity to insulin also were studied. Holloszy found that the fat cells of the freely eating sedentary rats were large and extremely resistant to insulin.

In contrast, the fat cells of the exercisers were small and highly sensitive to insulin. The fat cells of the diet-restricted sedentary rats were intermediate in size and sensitivity to insulin.

Because the fat cells of exercising animals are very insulin sensitive and have a greatly increased ability to take up and oxidize glucose, they are able to store energy rapidly during the recovery periods between bouts of exercise.

The results again showed that age was not a factor in fat cell sensitivity to insulin. Rather, the sensitivity varied according to the size of the fat cells, which appeared to be influenced by exercise.

Interestingly, the study also found that fat cells of the 24-month-old exercisers were as small as those of the 9-month-old exercisers, even though the former engaged in only one-fourth as much activity.

If these findings can be applied to humans, they suggest that exercise may help control weight and possibly protect against adult-onset diabetes, which can be triggered by obesity in individuals who are genetically predisposed to this disorder.

—Mary Ann Kurz □

Exercise Classes Start at Fitness Center

The NIH Fitness Center is beginning its fall session of exercise classes. Classes run 14 weeks: Sept. 12 through Dec. 16.

Alive: Slimnastic and ballet-type exercises performed to popular music. Emphasis on muscular strength and endurance, flexibility, body awareness and coordination, with some development of cardiovascular fitness. Mon-Wed-Fri., 6:30 - 7:30 a.m. Fee: \$80. Tues-Thurs. 5-6 p.m. Fee: \$54.

Intermediate Advanced Alive: Tues-Thurs., 6-7 p.m. Fee: \$54.

Aerobic Action: Easy to learn aerobic dancing choreographed to popular music. Emphasis on cardiovascular fitness, with additional development of strength and flexibility. Mon-Wed-Fri., 12-12:45 p.m. Fee: \$70. Mon-Wed., 5:30-6:30 p.m. Fee: \$54.

Old-Fashioned Fitness: Cardiovascular and calisthenic type exercises performed in a circuit or group setting. Emphasis on cardiovascular fitness, flexibility, muscular strength and endurance. Saturday, 10-11 a.m. Fee: \$30.

All classes are coed, open to all ages, and performed at your own pace. No classes held on government holidays. Sign up for classes at the R&W Activities Desk, Bldg. 31. □

Bus Transportation Provided To Rosemary Hills/Ayrlawn Bldg.

Bus transportation will be provided for students attending Rosemary Hills Primary School in Silver Spring to POPI's before- and after school program located in the Ayrlawn Bldg. in Bethesda. Hours of operation are from 7:30 a.m. to 6 p.m.

For more information, call Ann Schmitz, 530-5550. □

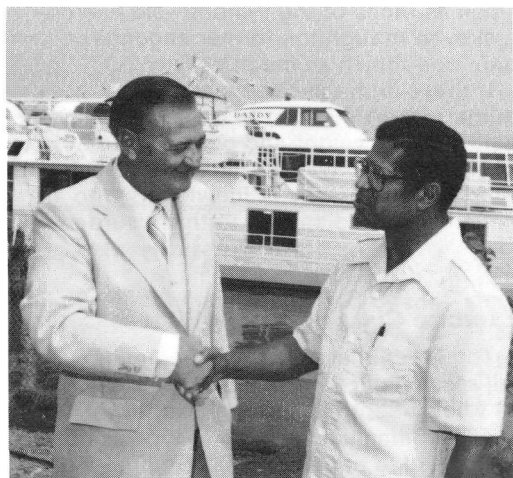
Bob Pumphrey Joined NIH by Chance; Recalls Career Highlights of 37 Years

Robert S. Pumphrey never dreamed that his chance meeting with prominent researcher Dr. Charles Armstrong in the summer of 1943 would lead to a 37-year NIH career.

Forty summers ago, Dr. Armstrong, who worked at the National Microbiological Institute (forerunner of NIAID), asked Bob—then a high school student working at NIH—what he was going to do with his life.

Bob intended to enter the Navy in 1944, but after that his plans were uncertain. Dr. Armstrong told him to come back to NIH and look him up after the service.

So, in the fall of 1946, after serving in the Navy and attending photography school, Bob returned to NIH. By December he was hired as NIH's fourth photographer by Don Reed, the first NIH photographer. He has



Dr. Malone, Deputy Director of NIH, (r), congratulates Bob Pumphrey on his retirement as they stand in front of the cruise ship "Dandy." During his NIH career, Bob worked under seven NIH Directors, beginning with Dr. Rolla Dyer.

remained an NIH employee until his recent retirement as chief of the camera unit, Medical Arts and Photography Branch, DRS, on July 29.

Bob recalls the days when the photography lab was located in Bldg. 1 and NIH was called the National *Institute* of Health. Employees numbered only 1,200 compared to today's 14,000. "You got to know practically everybody," he said. "People could park wherever they wanted. No stickers were needed."

He remembers watching the construction of the Clinical Center during his coffee breaks. "We used to drink cokes out behind Bldg. 1 and watch them dig the hole for the Clinical Center. They cut down huge oak trees with trunks as big as my desk and levelled the big hill behind the Clinical Center," he said.

His job as a photographer has had its exciting moments. "The Salk polio vaccine 'broke' while I was here," he said. "We had to come in and work Saturdays and Sundays, photographing material and papers for the scientists. That was exciting."

In 1952 the photography lab was moved to a temporary building (T-6) where Bldg. 31 is now located. The lab became part of the newly established Scientific Reports Branch headed by Jack Fletcher. This

branch also included the NIH Library, translators, the *NIH Record*, art department, and all the writers at NIH.

The photo lab moved again in 1956—this time to the new Clinical Center, where it is located today. Bob was promoted to patient photographer.

In 1958, he became an information photographer responsible for covering the National Cancer Institute, the National Institute of Dental Research, and the Clinical Center.

From 1965 to the present, Bob has been responsible for all photographic services as chief, camera unit, MAPB. "We handle anything in the way of camerawork, both informational and scientific," he said.

Last year, Bob accomplished something he's always wanted to do. He graduated from the University of the District of Columbia with an A.A. degree in philosophy. He attended classes at night and during lunch through NIH's Career Education Institute for 7 years. "I had to study practically every night," he said. His studying paid off, however, for he made the Dean's list at UDC in 1981, 1982 and 1983.

Friends and coworkers honored Bob on Sunday, Aug. 7 at a retirement party aboard the cruise ship "Dandy."

Bob received two pieces of luggage and a letter of commendation signed by Dr. Joe Held, director, Division of Research Services.

Bob's retirement plans include travelling for the rest of this year in the United States. "I've seen most of the big cities in this country but there are a lot of states I've never been to, for example, in the South and West," he said. "I would like to see how the other half of the American people live."

In 1984 he plans to travel to Europe if he survives his other travel. During his trips Bob will have his camera with him—but this time for pleasure, not as an NIH photographer.

—Jane White □

R&W Walking/Hiking Club Schedule for September

Saturday, Sept. 10: Big Blue Train in Pennsylvania. A moderate-to-difficult 11.5 miles just north of Mercersburg, Pa. Please bring food, canteen and sturdy shoes. Meet at Peoples Drug Store south of Chevy Chase Circle at 7:30 a.m. For information call Bill Parker, 496-5228 or Ed El-Hosy, 496-4666. Transportation cost is \$9.

Saturday, Sept. 17: Turkey Run, Northern Virginia. Eleven miles easy-to-moderate hike close in the DC area. Meet at NIH at 8:30 a.m. For further information call Bill Parker, 496-5228 or Ed El-Hosy, 496-4666. Transportation cost is \$1.50.

Sunday, Sept. 25: Rocky Mount, South Central Shenandoah National Park. Ten mile circuit hike over rugged trails with 2,500 foot elevation change. Meet at NIH at 8 a.m. A strenuous hike for conditioned hikers; proper footwear is necessary. For information call Stephen Nightingale, 921-2601 or 253-4582. □

Visiting Scientists Program

6/29 **Dr. Girjesh Govil**, India. Sponsor: Dr. H. Todd Miles, Laboratory of Molecular Biology, NIADDK, Bg. 2, Rm. 201.

6/29 **Dr. Erkki S. Hujanen**, Finland. Sponsor: Dr. George R. Martin, Laboratory of Developmental Biology and Anomalies, NIDR, Bg. 30, Rm. 416.

6/29 **Dr. Masakazu Oyama**, Japan. Sponsor: Dr. Daphne Blumberg, Laboratory of Molecular Oncology, NCI, FCRC, Bg. 560, Rm. 21-89.

6/29 **Dr. David M. Galinsky**, Israel. Sponsor: Dr. Reubin Andres, NIA, Gerontology Research Center, Baltimore.

6/30 **Dr. Reuben Gellman**, South Africa. Sponsor: Dr. Frederick Miles, Lab. of Sensorimotor Research, NEI, Bg. 36, Rm. 1D18.

7/1 **Dr. Thomas E. Massey**, Canada. Sponsor: Dr. J. R. Fouts, Laboratory of Pharmacology, NIEHS, Research Triangle Park, N.C.

7/1 **Dr. Hendrick L. Smits**, The Netherlands. Sponsor: Dr. Anton Jetten, Cell Biology Group, NIEHS, Research Triangle Park, N.C.

7/1 **Dr. Ronald Benfield**, U.S. Sponsor: Dr. John Decker, Arthritis and Rheumatism Branch, NIADDK, Bg. 10, Rm. 9N218.

7/1 **Dr. Sengoda Ramaswamy**, India. Sponsor: Dr. William Jakoby, Laboratory of Biochemistry and Metabolism, NIADDK, Bg. 10, Rm. 9N109.

7/1 **Dr. Kazuhiko Abe**, Japan. Sponsor: Dr. Charles Wittenberger, Lab. of Microbiology and Immunology, NIDR, Bg. 30, Rm. 307.

7/1 **Dr. Carlo Di Bello**, Italy. Sponsor: Dr. Hiroshi Taniuchi, Lab. of Chemical Biology, NIADDK, Bg. 10, Rm. 9N260.

7/1 **Dr. Carola Eva**, Italy. Sponsor: Dr. Erminio Costa, Lab. of Preclinical Pharmacology, NIMH, WAW Bg., Rm. 161, St. Elizabeths Hospital.

7/1 **Dr. Shmuel Hurwitz**, Israel. Sponsor: Dr. G. D. Aurbach, Metabolic Diseases Branch, NIADDK, Bg. 10, Rm. 9C101.

7/1 **Dr. Richard Ion Inculet**, Canada. Sponsor: Dr. S. A. Rosenberg, Surgical Oncology Branch, NCI, Bg. 10, Rm. 10N116.

7/1 **Dr. Russell T. Joffe**, Canada. Sponsor: Dr. R. M. Post, Biological Psychiatry Branch, NIMH, Bg. 10, Rm. 3S239.

7/1 **Dr. Chong-Ho Kim**, Korea. Sponsor: Dr. Victor E. Marquez, Drug Design & Chemistry Section, NCI, Bg. 37, Rm. 6D17.

7/1 **Dr. Jozsef Z. Kiss**, Hungary. Sponsor: Dr. Michael Brownstein, Lab. of Cell Biology, NIMH, Bg. 10, Rm. 2D47.

7/1 **Dr. James Mahira Kiwanuka**, Uganda. Sponsor: Dr. Phillip Pizzo, Pediatric Oncology Branch, NCI, Bg. 10, Rm. 13C101.

7/1 **Dr. Linda Liu**, Taiwan. Sponsor: Dr. Lynn Loriaux, Developmental Endocrinology Branch, NICHD, Bg. 10, Rm. 10B09.

7/1 **Dr. Thomas E. Massey**, Canada. Sponsor: Dr. J. R. Fouts, Lab. of Pharmacology, NIEHS, Research Triangle Park, N.C.

7/1 **Dr. Avner Ramu**, Israel. Sponsor: Dr. Harvey Pollard, Lab. of Cell Biology and Genetics, NIADDK, Bg. 4, Rm. 312.

7/1 **Dr. Akinori Sarai**, Japan. Sponsor: Dr. Robert Jernigan, Lab. of Mathematical Biology, NCI, Bg. 10, Rm. 4B50.

7/1 **Dr. Hendrick L. Smits**, The Netherlands. Sponsor: Dr. Anton Jetten, Lab. of Pulmonary Function and Toxicology, NIEHS, Research Triangle Park, N.C.

7/5 **Dr. Nicola Perrotti**, Italy. Sponsor: Dr. Jesse Roth, Diabetes Branch, NIADDK, Bg. 10, Rm. 8S243.

7/5 **Dr. Ken-ichi Tominaga**, Japan. Sponsor: Dr. Carmi Schooler, Laboratory of Socio-environmental Studies, NIMH, Bg. 31, Rm. 4C21.

7/6 **Dr. Ramesh S. Paranjape**, India. Sponsor: Dr. Eric Ottesen, Lab. of Parasitic Diseases, NIAID, Bg. 10, Rm. 11C108.

7/6 **Dr. Daniel Waysbort**, Israel. Sponsor: Dr. Gunther Eichhorn, Lab. of Cellular and Molecular Biology, NIA, Gerontology Research Center, Baltimore.

SAFETY

(Continued from Page 1)

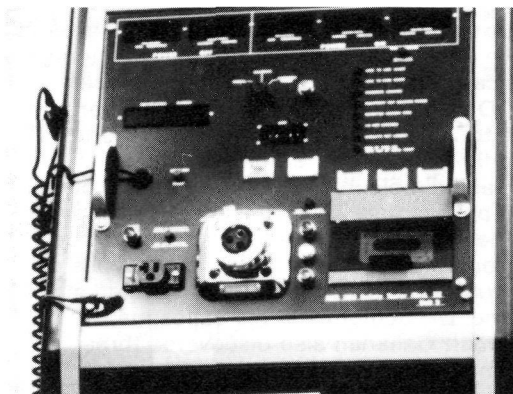
electrical equipment: This could indicate the ground wire has broken or that a short circuit has occurred.

- Frayed cords and broken insulation: Bare wires could be exposed.
- Receptacles without face plates or cracked light switch plates: Remember, there is 110 volts directly behind these plates that could be accidentally touched.
- Crackling noise, smoke, static sound or any unusual sound from a piece of electrical equipment: Don't take any chances—call for assistance.
- Equipment that has a three-prong must be plugged into a proper receptacle. Do not use an adapter, get a new receptacle installed via a work request. Two-prong receptacles are not grounded and may not be safe for all equipment.
- Extension cords: Use them only for temporary service. Make sure the cords are grounded and large enough to carry the electrical load. Submit a work request and get new receptacles installed.
- Receptacle strips with multiple outlets: These can be a major safety hazard in laboratory areas. The circuit breakers built into these receptacle strips may not be reliable. Use these strips only for temporary service; get new receptacles installed for permanent equipment.
- Receptacles above sinks: These may be hazardous when electrical equipment is in close proximity to the sink. If an electrical appliance is dropped into the water a hazard exists even if the equipment is not turned on.
- Dead receptacles: While these are not a direct hazard, they should be checked to find out what caused them to fail.
- Investigational and research devices: Many of these devices are designed at NIH or by outside contractors. If they are not designed by BEIB, we should be called to check them before they are used on patients.
- Circuit breakers: If the circuit breaker trips, disconnect the last piece of equipment connected. Do not try to reset the circuit breaker and do not plug in the equipment again. Call for help.

"There are several new electrical safety items being installed in new construction at NIH and in new residential construction throughout the state," Mr. Corsey said. One is a ground fault circuit interrupter (GFCI) that is used in wet areas where hosing with water is part of the regular work routine. The GFCI is designed to cut off the electricity before it can cause an electrocution, and it may be set up to protect several electrical receptacles. GFCI's can be retrofitted to existing installations and supervisors should consult with an electrician in the Maintenance Engineering Branch, 496-5862, to ascertain the need.

Another relatively new item is safety receptacles for children's areas. These are designed to prevent the delivery of electricity to a metal object which a child may insert into a receptacle.

A third new concept is that of equipment with double insulation where no grounding is required. This is usually found in tools



This is an electrical safety tester used in testing patient care equipment.

such as electric drills and lawn mowers but rarely in equipment found in hospitals. This equipment usually has a plastic nonconductive case rather than metal and a two-prong plug rather than three-prong.

How should you react when a person has just received an electrical shock? According to Mr. Corsey, the first thing to do is throw the switch at the circuit breaker or fuse panel when such areas are accessible. Employees should call an electrician, 496-5862 (24 hours in Building 10) if there is any doubt about what to do in such an emergency. However, time is of the essence, and the main thing is to get the power turned off quickly if the person is still touching the equipment. *Do not touch the equipment and do not touch the person if the person is in a "cannot let go" situation.*

All employees should be aware of a few basic facts in dealing with electrical equipment. Insulation is provided on all electrical wire and grounding is provided for protection if the insulation fails or there is a short circuit to the case of the equipment.

The grounding wire protects personnel and provides a low resistance return path for electricity to trip the circuit breaker or fuse. The circuit breaker or fuse protects the equipment and the wiring in the wall from overheating. A GFCI is designed to protect people by cutting off the power before an electrocution is possible.

"There have been no major incidents over the years on the patient side of the Clinical Center," Mr. Corsey said. He attributes the success of the program to the testing of equipment by BEIB technicians and the cooperation of Clinical Center employees.

"The importance of being aware of electrical hazards cannot be over-emphasized. Each NIH employee should be observant and promptly report electrical problems," stated Dr. Robert A. McKinney, chief, Occupational Safety and Health Branch.

The Maintenance Engineering Branch, DES, handles the repair and maintenance of electrical service for NIH, and troubleshoots electrical equipment other than patient care and electronic laboratory equipment. Biomedical Engineering, DRS, handles the design, fabrication, maintenance and repair of patient care and laboratory equipment. The numbers to call are: Clinical Center electrician, 496-5862; North Building electrician, 496-5083; South Building electrician, 496-6484; Clinical Center technician (patient care), 496-1311, NIH-wide laboratory equipment, 496-4131. □

Judo Club Accepting Beginners

The NIH Judo Club is accepting applications for the fall beginners' class to be conducted under the auspices of the NIH R&W Association. This series of 12 classes in basic Judo will meet Tuesday evenings from 6 to 7:30 p.m., beginning Sept. 13. Classes will be held in the old gymnasium of Stone Ridge School at the corner of Cedar La. and Wisconsin Ave.

Dr. Thomas E. Malone, NIH Deputy Director, will serve as chief instructor, or sensei, for the classes. Eric Spears and Andrew Paterson, holders of the first-degree black belt (shodan), will be coinstructors.

Fee for the 12 sessions will be \$35. Forms can be obtained from Kathleen Thomas or Dr. Malone, Shannon Bldg., Room 132, or call 496-2121. For further information, call Dr. Paterson, 496-9086. □

Cafeteria To Serve 24 Hours; CC Vending Area To Close

Starting Tuesday, Sept. 6, the Bldg. 10 cafeteria will offer 24-hour service, including weekends and holidays. The adjacent vending machine area will close permanently on the same date.

The present cafeteria closing hour of 8:30 p.m., Monday through Friday, will be extended to 6:15 a.m. the next day to accommodate NIH staff, patients, and other patrons. On Saturdays, Sundays, and holidays, the hours will be extended from 6:30 p.m. to 8 a.m. Snacks will be available between the three main meals.

The cafeteria will offer a limited menu of soups, salads, grilled items, deli sandwiches, desserts, fruit, yogurt, ice cream, beverages, and snack foods from 8:30 p.m. to 6:15 a.m. on weekdays and 6:30 p.m. to 8 a.m. on weekends and holidays.

The vending area is being closed permanently to allow for needed expansion of the FAES bookstore, BISM concession, R&W store, and other services along the B-1 corridor. This area will be used as turnaround space during renovations and ultimately will be incorporated into the renovated concourse.

New service hours will be:
Monday-Friday

Continental breakfast	6:15-7 a.m.
Full breakfast	7-9:30 a.m.
A.M. snack	9:30-11 a.m.
Lunch	11 a.m.-2 p.m.
Deli grill	11 a.m.-3 p.m.
P.M. snack	3-4:45 p.m.
Dinner	4:45-8:30 p.m.
Light meals and prepackaged sandwiches	8:30 p.m.-6:15 a.m.

Weekends and Holidays

Breakfast	8-9:30 a.m.
A.M. snack	9:30-11 a.m.
Lunch	11 a.m.-1:30 p.m.
P.M. snack	1:30-4:30 p.m.
Dinner	4:30-6:30 p.m.
Light Meals and prepackaged sandwiches	6:30 p.m.-8 a.m.

In addition, there will be a 24-hour carry-out service. □

There is a great man who makes every man feel small. But the real great man is the man who makes every man feel great.—G.K. Chesterton □

DR. SCHLOM

(Continued from Page 1)

The AMC Cancer Research Center in Denver also presented an award to Dr. Schlom for "his innovative and distinguished work that has placed him in the forefront of research." At the March 23 presentation, Dr. Schlom delivered a paper on "Monoclonal Antibodies to Breast Tumor Associated Antigens."

Dr. Schlom came to the NCI Division of Cancer Cause and Prevention in 1973 to do research in viral oncology in the Breast Cancer Virus Segment of the Virus Cancer Program. In 1976 he became head of the Tumor Virus Detection Section, Laboratory of Viral Carcinogenesis, and in 1980 was made chief of the Experimental Oncology Section, Laboratory of Cellular and Molecular Biology. In 1982 he was named chief of the new Laboratory of Tumor Immunology and Biology in the Division of Cancer Biology and Diagnosis.

Dr. Schlom says that his recent appointment brings his research career full circle. He started as a molecular biologist-virologist, but moved into immunology when the hybridoma technology opened new horizons for that discipline. Now, as chief of the new Laboratory of Tumor Immunology and Biology, he is once more working in molecular biology, but this time in close conjunction with immunology.

The laboratories under Dr. Schlom's direction have clarified a number of molecular and immunologic aspects of viruses and cancers in animals and humans. Under his direction, members of his laboratory have characterized the nucleic acids and protein structure of type-B mouse mammary tumor viruses and the type-D retroviruses of primates. The group has also

demonstrated that both of these virus groups can be transmitted not only through the germ line, but also through nongenetic means such as air, milk, and the placenta.

Dr. Schlom, with Drs. David Colcher and Patricia Horan Hand, developed a series of radioimmunoassays that identify the specific molecular structure of the proteins in both mouse and primate virus groups. These assays revealed that a single virus group may consist of many more types of viruses than scientists had suspected at the time. Dr. Schlom and his colleague Dr. Robert Callahan also discovered three genetic regions of cloned human DNA that are similar to analogous regions in the mouse mammary tumor virus.

Under Dr. Schlom's leadership, scientists in the Laboratory of Tumor Immunology and Biology are developing groups of monoclonal antibodies that react with antigens in breast or colon cancers. In experiments using several monoclonal antibodies, the group discovered that, instead of containing a single cell type, most carcinomas have evolving cell populations that change their antigenic profiles. Understanding of this cellular heterogeneity is important if hybridoma technology is to be used in the diagnosis or treatment of breast and colon cancer.

After receiving his Ph.D. in molecular biology from Rutgers University in 1969, Dr. Schlom joined the faculty of the College of Physicians and Surgeons at Columbia University, where he remained until 1973.

Dr. Schlom is an adjunct professor of genetics at the George Washington University in Washington, DC. He has written more than 100 scientific publications and serves on seven scientific editorial boards. In addition to many other awards, Dr. Schlom earned the Director's Award of the National Institutes of Health in 1977. □

More AIDS References Added on NLM Search

A new bibliography on AIDS, with over 200 references from recent medical literature on Acquired Immune Deficiency Syndrome, is available without charge from the National Library of Medicine's reference section.

The new bibliography (LS83-5), updates and supplements NLM Literature Search No. 83-1. It was produced through NLM's computer based system MEDLARS; an addendum contains references drawn from other sources.

A list of the nine Literature Searches produced so far for 1983 appears below. A complete list of available titles appears in each issue of *Index Medicus* and *Abridged Index Medicus*.

When requesting Literature Searches, please include title and number, enclose a self-addressed gummed label, and mail to: Literature Search Program, Reference Section, National Library of Medicine, Bethesda, MD 20209.

- LS83-1 *Acquired Immune Deficiency Syndrome (AIDS)*. January 1980 through April 1983; 179 citations, including addendum.
- LS83-2 *Cochlear implants*. January 1980 through March 1983; 114 citations.
- LS83-3 *Kepone (Chlordecone) toxicology*. January 1977 through March 1983; 90 citations and addendum.

- LS83-4 *Genetic factors in alcoholism*. January 1977 through June 1983; 231 citations.
- LS83-5 *Acquired Immune Deficiency Syndrome (AIDS)*. Update and supplement. May 1983 through August 1983; 215 citations, including addendum.
- LS83-6 *Clinical application of biomaterials*. January 1982 through July 1983; 352 citations in English.
- LS83-7 *Nuclear magnetic resonance imaging*. January 1980 through August 1983; 191 citations.
- LS83-8 *Ranitidine*. January 1980 through July 1983; 249 citations.
- LS83-9 *Liver transplantation*. January 1977 through July 1983; 256 citations. □

SPECIMENS

(Continued from Page 1)

At the beginning of the study, each volunteer will be evaluated for possible risk factors for AIDS such as types of sexual practices and numbers of different sex partners. Approximately 14,000 specimens will be collected each year, including samples of blood (serum, plasma, and leukocytes), semen, feces, saliva, and urine. The individuals will be examined regularly for clinical and immunological abnormalities and for other signs of AIDS. □

Betty D. Kuster Dies; Former DCRT Employee

Betty D. Kuster, former DCRT Administrative Officer, died of cancer Aug. 16 at Suburban Hospital.

Mrs. Kuster was a Federal employee for over 25 years, and worked in DCRT for 12 of those years until her retirement in 1978. Her entire career was spent at NIH, beginning in 1953 as a clerk-typist in NIAID. She later became an administrative assistant and then a grants management assistant in that Institute.



Mrs. Kuster

In 1966 Mrs. Kuster came to DCRT, as an administrative assistant and was appointed Administrative Officer of the Division 5 years later.

She was born in Eastport, Maryland but made her home in Rockville. She is survived by her husband, William C. Kuster, and her son, Wayne.

Contributions in her memory will go to the American Cancer Society, and they may be sent to L. Lee Manuel, DCRT Executive Officer, Bldg. 12A, Rm. 3025.

BLOOD TESTS

(Continued from Page 1)

bleeding tendencies, and some trauma or surgical patients who may require many units of blood in a short period of time.

A blood serum and blood cell repository that can be used in future research efforts will also be set up.

Authorities emphasize that the number of AIDS cases associated with blood transfusion is extremely small. The actual incidence probably is not greater than one in a million transfused patients per year. □

The only thing to do with good advice is to pass it on. It is never of any use to oneself.—Oscar Wilde □

The way out of trouble is never as simple as the way in.—E.W. Howe □

IUD Risk Linked To Breastfeeding

Women who have an intrauterine device (IUD) inserted when they are lactating (producing breast milk) run an increased risk that the IUD will perforate the uterus. This conclusion comes from a report of the Women's Health Study, a large project started in 1976 by the National Institute of Child Health and Human Development.

Uterine perforation happens rarely in IUD users. It can be serious, however, if the IUD must be removed through abdominal surgery. For the Women's Health Study, researchers in 16 major U.S. hospitals collected information on women admitted for uterine perforation and other serious complications of IUD use.

In this report, the investigators—Drs. Steven Heartwell of the University of Texas Southwestern and Sarah Schlesselman of George Washington University in Washington, D.C.—evaluated 32 women who were hospitalized for abdominal surgery to remove an IUD.

The researchers compared the medical histories of these women with those of 497 other IUD users who did not have uterine perforation.

They noted that all but one of the surgery patients were mothers of at least one child. While other studies have shown that mothers in general have a greater risk of perforation, the present study found that the risk is not evenly distributed.

Drs. Heartwell and Schlesselman discovered that within the group of mothers, those who were lactating when they had an IUD inserted were 10 times more likely than the others to suffer uterine perforation requiring surgery.

The type of IUD did not appear to influence the risk of perforation. In addition, for the women who started using IUDs following childbirth, the timing of insertion did not change the risk of perforation.

Those who had IUDs inserted within 2 months after delivery were no more likely to experience perforation than those with later insertions.

According to Dr. Heartwell, two main factors may increase the risk of perforation in lactating women. The walls of the uterus remain thin in breastfeeding women because lactation keeps estrogen levels low. And breastfeeding stimulates the uterus to contract rapidly to its prepregnancy size, which may make it easier for an IUD to perforate the uterine wall.

The researchers emphasize that although this study shows an increased risk of perforation in lactating women, the actual number of uterine perforations is small. For this study, a 20-month search of 16 hospitals found only 32 cases of uterine perforation requiring surgery.

Conclusion

"Until other studies confirm these findings, we think it is too soon to recommend that IUDs not be used by lactating women," said Dr. Heartwell. However, based on their findings, the researchers warn clinicians to "exercise special caution" when inserting IUDs in lactating women. □

Science Administrators Serve as Advisors To Associates on NIH Extramural Programs

Senior NIH science administrators serve as advisors to extramural associates who undergo 5-month residencies at NIH in order to increase their knowledge about NIH research projects, extramural programs, policies and procedures governing the grants award-and-funding process.

The purpose of the Extramural Associate Program is to stimulate increased participation of black, minority and women scientists in national biomedical research.

"The advisors are critical to the success of the associates' residencies," Jean Oliver, the NIH Extramural Associates Program director, said.

Advisors guide the associates throughout their stay at NIH and supervise their assignments based upon developed plans. They also accompany them on site visits to their home institutions to ensure assignment plans and institutional goals are carried out.

While at NIH, assignments include extensive experience with the full grants review process, substantive assignments with NIH intramural and extramural staff and visits to offices of sponsored research. An in-depth general orientation and a wide variety of core seminars are attended by all associates during their residency.

The associates are selected from among high-level black, minority and women college administrators in science after being nominated by their institution presidents and evaluated, interviewed and recommended by a 14-member NIH Extramural Associates Program Advisory Board. The board recommends candidates to the NIH Deputy Director who makes final selections.

Sixty-three associates from colleges and universities with significant minority and women enrollments in 25 states and Puerto Rico will have completed residencies at NIH by the close of 1983, including the six associates currently in residence.

"The Extramural Associates Program seeks to prepare associates to identify and create opportunities to strengthen their institutions and students for the challenges of the future," said Dr. William E. Bennett, Chief, Research Manpower Development, NIAID, and an Extramural Associate advisor. "It is a challenge to be part of this activity," he said. □

Research Awards Index Available for Purchase

The 22nd edition of the *Research Awards Index* is now available.

Published in two volumes, the *Index* contains scientific and administrative data on more than 20,000 Public Health Service research grants, contracts, and cooperative agreements awarded during Fiscal Year 1982.

The first volume contains 7,000 scientific subject headings with identification numbers and titles of pertinent projects.

Volume II contains project identification data including names of principal investigators, their addresses and project titles; a separate section on research contracts; and an alphabetical list of principal investigators.

A limited quantity of this edition has been distributed without charge to Federal agencies and biomedical libraries (including the Clinical Center Library and NLM) by the Research Documentation Section, Statistics and Analysis Branch, DRG, Westwood Building, Room 148, 301/496-7543.

Single copies of the *Research Awards Index*, NIH Publication No. 83-200 (stock No. 017-040-00490-7), may be purchased for \$15.00 domestic postpaid or \$18.75 from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. □

Injustice is relatively easy to bear; it is justice that stings.—H.L. Mencken □



Seated l to r, Extramural Associates: Drs. A. Teresa Stanley, Incarnate Word College, San Antonio, Tx.; Shiva P. Singh, Alabama State University, Montgomery, Ala.; Francis J. DeToma, Mount Holyoke College, South Hadley, Mass. Standing l to r: Jean G. Oliver, Director, Extramural Associates Program, OERT, OD. NIH Advisors: Drs. William E. Bennett, chief, Research Manpower Development, NIAID; Jane Showacre, executive secretary, Maternal and Child Health Research Committee, NICHD; Shirley L. Bagley, acting deputy director, NIA. Associates: Drs. Bruce H. Fort, Jr., Albany State College, Ga.; Margaret J. Hartman, California State University, Los Angeles, Calif.; Carl H. Kirksey, Bowie State College, Bowie, Md. Not pictured: NIH advisors Drs. Dennis F. Cain, chief, Grants Review Branch, NCI; James F. O'Donnell, deputy director, DRR; and Anthony Rene, chief, Office of Review Activities, NIGMS.

Dr. Mary E. Corning Retires From NLM; Leaves Distinguished Career as International Scientist

After a distinguished career of 34 years in Federal service, Dr. Mary E. Corning, assistant director for international programs at the National Library of Medicine, will retire Sept. 1.

A chemist whose professional experience has been in research, science administration, scientific communications, and planning and initiating important national and international scientific activities involving policy developments, Dr. Corning joined NLM in 1964 as chief of the Publications and Translations Division.



Dr. Corning

In this position she administered the domestic grant and contract program for biomedical publications and the Library's special foreign currency program. In 1967 she was named the NLM Director's special assistant for international programs, and in 1972, assistant director for international programs.

In this position she has been responsible for developing new programs and formulating policies that govern NLM's international activities. Paramount among these are the highly successful bilateral

arrangements with institutions in 13 countries (and also with the Pan American Health Organization) under which MEDLARS services are provided around the world.

Dr. Corning received her B.A., degree in chemistry from Connecticut College for Women and her M.A. from Mount Holyoke College. In 1949 she joined the staff of the National Bureau of Standards as a physical chemist and technical assistant to the associate director for chemistry.

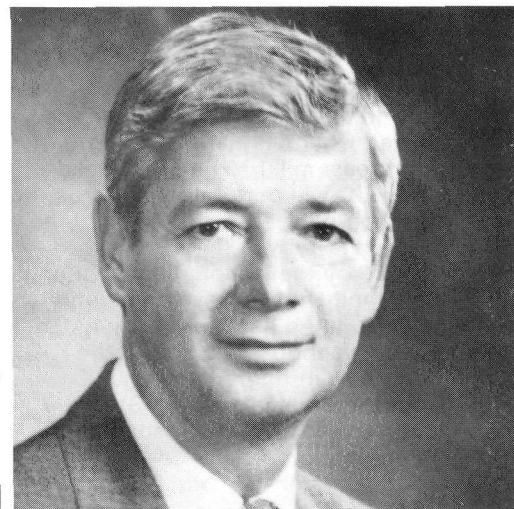
Dr. Corning became special assistant to the science advisor of the U.S. Secretary of State in 1958 and worked on reestablishing the Science Office and the Science Attache Program. Before coming to NLM she was with the National Science Foundation from 1960 to 1964.

She is a member of Phi Beta Kappa, a fellow of the American Association for the Advancement of Science and the Optical Society of America and numerous professional societies and organizations. Dr. Corning has published extensively in chemistry and in various aspects of biomedical communications.

She has received numerous awards for outstanding performance and service. In 1974 she received the Department of Health, Education, and Welfare Silver Medal for Superior Performance. In 1974, she also received the NLM Director's Award for "her effective leadership in developing cordial and productive relations between NLM and similar institutions abroad."

Dr. Corning again was honored with this award in 1977 for development of the "Colloquium on the Bicentennial of Medicine in the U.S.," an event attended by several hundred physicians, scientists, and educators from around the world.

At a recent luncheon, Dr. Corning was honored for her distinguished career in the Federal Service and her many friends and colleagues wished her well in retirement. She has agreed to continue to assist the NLM by serving as a special consultant on international affairs. □



Dr. Ronald Hunt, director, Division of Research Resources-funded New England Regional Primate Research Center and professor of comparative pathology and director of the Animal Resources Center at Harvard Medical School, Boston, was presented the 6th Charles River Prize recently. The award, made during the 120th annual meeting of the American Veterinary Medical Association in New York City, is presented by the Charles River Foundation to a veterinarian selected by AVMA in recognition of a distinguished contribution to the field of laboratory animal medicine. Dr. Hunt's research has focused on the pathology of disease in laboratory animals and development of systems to better understand human disease through animal models.

Backpacking Course Being Offered

A course on "Wilderness Backpacking for Beginners" will be held Sept. 28 and Oct. 5 from 6:15 to 9:15 p.m. in Wilson Hall, Shannon Bldg. The cost for the 2-day session is \$25.

There will be discussions, demonstrations, and slides on finding backpacking companions, selecting equipment, nutrition, trail food, sanitation, selecting trails and campsites, pacing oneself, woods ethics, safety, compass and map use, and how to just plain enjoy it all.

Al Schneider, teacher of the course, has added a 2-hour session (no extra charge) at his home on making lightweight backpacking foods, such as crackers, trail snacks, granola, and home-dried fruits, vegetables and jerky. Menus will also be planned. He has also arranged for a student discount on equipment at two stores for all students enrolled in this course. Sign up now at the R&W Activities Desk, Rm. B1W30, Bldg. 31. □

Volunteer Blood Donor at CC Can Win 2 Redskin Tickets

Starting Sept. 1, any volunteer blood donor at the Clinical Center Blood Bank will have a chance to win two tickets to the December 17 football game between the World Champion Washington Redskins and the New York Giants.

A generous blood donor who wants to encourage others to donate contributed the tickets.

The lucky donor will be picked Dec. 1. Call 496-1048 for an appointment to donate blood. □

Attention Orchestra Musicians!

The R&W Chamber Orchestra, in its second season under conductor David Crane, is seeking additional members, strings in particular. Last year the orchestra gained distinction in presenting three successful concerts with an exciting performance of Aaron Copland's *Appalachian Spring* at the final concert.

This year's season will see four challenging programs featuring Bach's *Suite #3* and *Brandenburg Concerto #4*, a Handel *Concerto Grosso*, Respighi's *Ancient Airs and Dances*, Prokofiev's *Classical Symphony*, Brahms' *Liebes Lieder* (with the NIH Chorus) and other works.

The first concert is scheduled for Tuesday, Nov. 1, with rehearsals on Tuesdays, beginning Sept. 27. Interested musicians and returning members should contact Dr. John Wolff as soon as possible at 496-7070, weekdays between 9 and 4:30. □

NIH Camera Club Starts New Season

Join others who enjoy photography as a hobby and share the fun while improving skills. The NIH R&W Camera Club meets the second Tuesday of each month at 7:30 p.m.

The first meeting of the new season will be Sept. 13 in Conf. Rm. 4, Bldg. 31. Lowell Kenyon will speak on his experiences in local and international shows. Following the presentation, Mr. Kenyon will judge an open competition of prints (color or black and white) and slides of club members.

Talks by other experts, competitions, exhibitions, shooting field trips, as well as social get-togethers are planned for future meetings. Club members have access to a fully equipped darkroom at NIH.

For more information, contact Leroy Kerney, 496-3907, or Catherine Quigley, 496-3261. □

Viral Infection: Key to Rheumatoid Arthritis? If So, Immunity With Vaccine a Possibility

Infection and thickening of the tissue lining the joints causes pain and swelling for arthritis victims.

Rheumatoid arthritis, characterized by joint inflammation, affects 6.5 million people in the United States. If uncontrolled, the disease can lead to deformity and eventual disability. Arthritis varies widely from person to person; it can be mild in one person, and can cripple another.

Rheumatoid arthritis has generated a great deal of study over the years, but to date the cause and cure have remained elusive.

Recent work by NIH intramural scientists, Dr. Alfred Steinberg of NIADDK, and Drs. Giovanna Tosato and Michael Blaese of NCI, has shown an association between a particular viral infection and rheumatoid arthritis.

This exciting research finding proposes a possible trigger of rheumatoid arthritis, and a possible means of prevention. If rheumatoid arthritis is set off by a particular viral infection in some people, it may be possible to produce a vaccine and immunize populations at risk for developing the disease. This line of investigation is now being pursued by several investigators.

Epstein-Barr virus (EBV) is the organism that causes infectious mononucleosis. By young adulthood, most people have antibodies to EBV in their blood, indicating prior infection. For many the infection has no symptoms.

Patients with rheumatoid arthritis have more of the EBV antibodies in their blood than individuals without rheumatoid arthritis. Once an individual is EBV infected, the virus remains within a specific group of white blood cells called B lymphocytes or B cells for several years, possibly for life.

By studying the interactions of EBV and white cell function in patients with rheumatoid arthritis, NIH scientists hope to explain

a possible cause of the crippling disease.

Lymphocyte cell cultures taken from individuals who have had an EBV infection but are not suffering from rheumatoid arthritis produce antibodies or immunoglobulins when they are re-exposed to the virus. After about 12 days the normal cells stop producing immunoglobulins.

This suppression of immunoglobulin production is mediated by a separate set of white blood cells, the T-lymphocytes or T-cells. The cells from patients with rheumatoid arthritis continue to produce immunoglobulins; their T-cells fail to suppress the immunoglobulin production by their B-cells.

This apparent T-cell defect, a failure to suppress antibody production in rheumatoid arthritis patients, led the scientists to postulate that this virus was responsible for some of the immune abnormalities expressed in rheumatoid arthritis.

T-cell function was also examined in patients with other immune disorders, such as systemic lupus erythematosus and scleroderma. The defect was not evident in these patients.

Rheumatoid arthritis patients also display other EBV-related phenomena. They frequently have a nuclear antigen called RANA, which is relatively uncommon in those free of the disease; greater numbers of antibodies to a variety of EBV-associated antigens; and their lymphocytes transform much more readily into "immortal" cells.

These observations indicate that EBV may play a role in the immunological features of rheumatoid arthritis. EBV-infected B cells produce substantial amounts of rheumatoid factor, an autoantibody found in many patients with rheumatoid arthritis. While a majority of patients show an enhanced immune response to EBV, not all rheumatoid arthritis patients do.

Rheumatoid arthritis appears to be a disease of multiple causes, some of them probably genetic. Based on these and other observations it can be hypothesized that only those patients genetically predisposed to rheumatoid arthritis will develop the disease when triggered by EBV.

The work of Drs. Steinberg, Tosato, and Blaese may have important implications in the treatment and prevention of rheumatoid arthritis. □

NIH Training Catalog Now Being Distributed

The FY 1984 NIH Training Catalog and Calendar (NIH Personnel Pamphlet 410-2) is currently being distributed at NIH. The *Catalog* is issued to supervisors, managers, EEO coordinators and counselors, and administrative and personnel offices and will be available for employee use at these locations.

This document, prepared by the Training Management Branch, DPM, provides basic descriptive information and dates for a wide variety of courses and programs available to NIH employees. It combines the information previously provided in the *Training Calendar* (issued each fiscal year) and the *Training Catalog* (issued periodically).

Catalog information is supplemented by information in the *NIH Record's* "Training Tips" and by individual catalogs, brochures, or fliers available from the sponsoring organizations. BID Personnel Offices also have training information from the Office of Personnel Management and other major government and non-government training resources.

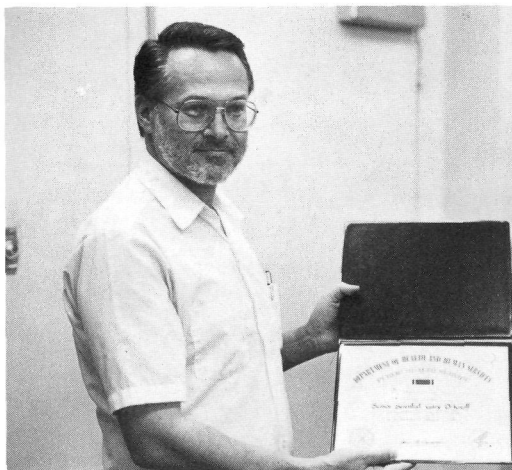
Specific questions pertaining to training and how to obtain it, whether on or off the NIH reservation, should be directed to your supervisor or BID personnel office. □

It is the customary fate of new truths to begin as heresies and to end as superstitions.—*T.H. Huxley* □

All good things are cheap; all bad very dear.—*Henry David Thoreau* □



Oliver B. "Pete" Morton (l), computer center branch, DCRT, recently was awarded a PHS Commendation Medal for his work as chief consultant to the 11,000 users of the NIH Computer Center. Mr. Morton is head of the Computer Center's programmer assistance and liaison unit, and he is responsible for all consulting and user assistance services provided by the Center, including systems analysis, problem solving, and teaching computer science courses. The award was presented by Frances E. Halverson (r), chief of the Center's user services and assistance section.



Dr. Gary D. Knott, Laboratory of Statistical and Mathematical Methodology, DCRT, recently received a PHS Commendation Medal for his work in developing MLAB, an advanced computer research tool capable of creating biomathematical models and generating computer graphics. MLAB has been exported to many universities and research centers around the world, and it has enabled biomedical researchers with relatively little computer training to apply advanced mathematical modeling techniques in analyzing their experiments.



DCRT Executive Officer L. Lee Manuel (r) presents a cash award to Mettah M. Kollman, NICHD personnel management specialist, as DCRT Deputy Director William C. Mohler looks on. Mrs. Kollman was cited for her exceptional performance during a temporary 4-month assignment as Acting Personnel Officer for DCRT.

Training Tailored for International Neurosciences Fellows

Two scientists from the People's Republic of China, currently working as international neurosciences fellows with the National Institute of Neurological and Communicative Disorders and Stroke (NINCDS), are forthright.

Asked in a recent interview why she was at NINCDS, Dr. Liyun Yu, a neurologist from Shanghai First Medical College, replied that the Institute is the "world center for brain research."

Nodding agreement, Dr. Xue-Ming Cheng, who was interviewed at the same time, quickly added, "That is why I am here, too." Dr. Cheng is an epidemiologist at the Beijing (formerly Peking) Neurosurgical Institute.

Both Drs. Yu and Cheng say that the hands-on training they are receiving through the International Neurosciences Fellowship Program (INFP) at NINCDS exactly fits their career development needs.

This happy circumstance did not occur by chance: the program requires sponsors of the visiting scientists to "custom tailor" research plans for their trainees.

Accordingly, before Dr. Yu arrived here in December 1982, her sponsor, Dr. Roger J. Porter, chief of the NINCDS Epilepsy Branch, designed a plan to match Dr. Yu's specific requirements for training in the clinical and basic pharmacology of epileptic drugs.

The plan Dr. Porter developed for Dr. Yu includes her becoming proficient in the use of gas-liquid chromatography, a technique for measuring the blood levels of anticonvulsant drugs and predicting the action of drugs in the body.

Upon her return to the Institute of Neurology, Shanghai First Medical College, Dr. Yu hopes to work with patients in an epilepsy intensive monitoring unit, applying her newly acquired skills to their treatment. The monitoring unit—the first of its kind in China—was established by a previous

NINCDS international fellow.

Dr. Yu says—and Dr. Porter agrees—that gas-liquid chromatography will be of special help in adjusting the drug dosages of her patients with intractable and mixed types of epileptic seizures who require more than one drug.

Precise adjustments assure correct drug concentrations in epilepsy patients and help physicians prevent toxic side effects.

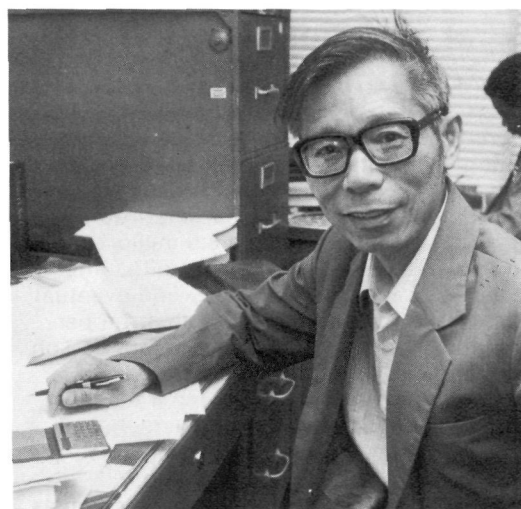
Dr. Cheng's research plan, prepared by his sponsor, Dr. Bruce S. Schoenberg, Chief of the NINCDS intramural section on epidemiology, is also career-specific.

Dr. Cheng arrived at the Institute in May from Beijing Neurosurgical Institute for a 6-month work-study program in epidemiology.

It was a meeting with Dr. Schoenberg at a training course in epidemiology sponsored by the World Health Organization (WHO) that whetted Dr. Cheng's desire to learn more about the sophisticated methods U.S. scientists use to examine the distribution, incidence, and control of disease. "Indeed," says Dr. Cheng, "it was Dr. Schoenberg who introduced modern epidemiology methods in China."

During his stay here, Dr. Cheng, under Dr. Schoenberg's guidance, will design detailed procedures and techniques to screen a well-defined Chinese population of 50,000 for neurological disease. Once back in Beijing, Dr. Cheng will conduct a door-to-door survey of stroke and use this work as a basis for future studies in the department of epidemiology at the Neurosurgical Institute.

The INFP was established in 1975 and is administered by the Fogarty International Center in cooperation with the NINCDS and the World Health Organization. Its purpose—as exemplified by Dr. Yu's and Dr. Cheng's experiences—is to give junior and mid-level professionals and scientists from developing countries the chance to work in



At NINCDS, Dr. Cheng studies new methodologies for analyzing and tabulating neurological data that he will use in an epidemiological survey of stroke among his countrymen when he returns to Beijing.

U.S. laboratories where they can learn from world experts in the neurosciences.

Upon completion of their training at NINCDS, the international neurosciences fellows are expected to return home to positions in which they can utilize their new skills and train others to conduct research. □

FOGARTY PSYCHOLOGY



Are safety belts worth the trouble it takes to use them? You decide: According to the National Highway Traffic Safety Administration, for every 1 percent increase in safety belt use, 172 lives will be saved. These experts also report that safety belts reduce your chances of being killed or seriously maimed in a crash by about 50 percent. In short, not wearing a safety belt doubles your chance of being hurt seriously in a crash.

Surprisingly, even though scientific evidence supports the value of safety belts, only a small proportion of people use them. People do not wear safety belts for a variety of reasons: fear that the safety belt will trap them in their cars, the belief that good drivers don't need them. Some people feel that they are just too much trouble. □



Dr. Yu prepares to assay the levels of anticonvulsant drugs in blood samples of epilepsy patients—a technique she will apply to patients in an epilepsy monitoring unit in the People's Republic of China.

PTCA Offers New Treatment For Coronary Artery Disease

PTCA (percutaneous transluminal coronary angioplasty) is a new therapeutic approach to the treatment of patients with symptomatic obstructive coronary artery disease. In selected patients with single-vessel coronary artery disease, PTCA offers a less costly and nonsurgical alternative to coronary artery bypass surgery.

The procedure is performed in the cardiac catheterization laboratory. A tiny balloon-tipped catheter is inserted in a peripheral artery and positioned at the site of the obstructing stenosis (narrowing) in a coronary artery. The balloon is inflated briefly, generally reducing the stenosis and relieving symptoms.

In March 1979, shortly after PTCA was introduced, NHLBI established a voluntary international registry to accumulate and analyze data on procedures performed to facilitate the evaluation of PTCA in a more timely and scientific manner.

On June 7-8, NHLBI sponsored a workshop on the Outcome of Percutaneous Transluminal Coronary Angioplasty (PTCA) to review results of the data accumulated in the NHLBI/PTCA registry and to establish future research needs and directions.

At the workshop, data on 3,079 patients from 105 centers from the U.S., Canada and Europe were reviewed. The overall success rate in the combined data was reported as 62 percent; however, it was shown that the success rate at the present time exceeds 85 percent in centers with considerable experience (more than 100 cases).

One limitation of the procedure is the rate at which restenosis was reported—in approximately 20 to 25 percent of successful patients. Approximately 200 patients in the registry underwent a repeat PTCA when symptoms recurred, this second time with sustained success and a lower risk of complications.

Workshop participants recommended further investigation of restenosis, including basic mechanisms of formation, clinical manifestations and treatment.

PTCA is not associated with an unacceptable risk, acute or long term, in selected patients. The overall hospital mortality rate is less than 1 percent. Long-term results are promising and it was recommended that long-term followup of these patients be continued.

Research directions were identified and all participants agreed that the latest technologic developments should be assessed for the future. □

FAES Graduate School Starts Courses in English Conversation

The FAES Graduate School has initiated a series of intensive four-week courses in English conversation for visitors who need such training. Basic and Intermediate level courses will be offered monthly, beginning Sept. 6.

Classes will meet at 7:30-9:00 a.m., four days a week. Sponsors and visitors may obtain registration information at the FAES Office, Bldg. 10, Rm. 2C-207A (ACRF) or by calling 496-7976. □

Dr. Thaddeus Domanski Retires After 17 Years at NCI; Worked With Chemical and Physical Carcinogenesis

Dr. Thaddeus Domanski, chief of the NCI Chemical and Physical Carcinogenesis Branch in the Division of Cancer Cause and Prevention (DCCP), retired Aug. 1 after 17 years at NIH.

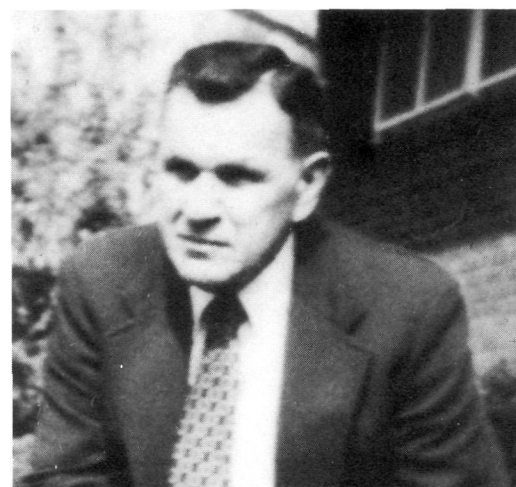
As branch chief, Dr. Domanski was responsible for monitoring over \$38 million a year in grants and contracts in the fields of chemical and physical carcinogenesis.

According to Dr. David Longfellow, assistant branch chief, Dr. Domanski used his insight and contacts in the scientific community to help identify research areas in need of more emphasis and to help NCI initiate requests for applications in these areas.

A graduate of New York University, he received a Ph.D. in college science teaching in 1949. Dr. Domanski's specific research interests at NCI include carcinogenesis and interspecies variations in response to chemicals. He has been instrumental in organizing a variety of workshops in these and other fields.

He came to NIH in 1966 as a program administrator in the biochemical and biophysical sciences section of the NIGMS Research Grants Branch. Dr. Domanski transferred to NCI within the year to become chief of the Cause and Prevention Branch in what was then the Division of Cancer Research, Resources, and Centers. While there, he helped organize the extramural chemical carcinogenesis program.

In 1975, Dr. Domanski was chief of the NCI Cooperative Minority Biomedical Program. From 1975 to 1983, he also served as a member of the Cancer Minority Program



Dr. Domanski

Advisory Council.

Dr. Domanski said his best memories of his days at NCI include receiving the NIH Director's Award in June 1978 for "vigorous and enlightened leadership in the administration of the Cause and Prevention Branch, and energetic expert development of the carcinogenesis program in that branch."

He also recalled completing the 7-week senior executive program in March 1977, a course sponsored by the Federal Executive Institute for developing leadership among executives.

He will especially remember, however, the many people he worked with.

"The merit of my entire existence at NCI is due to the people here who helped me in what I tried to accomplish." □



Five members of the Contracts Operations Branch of the National Heart, Lung, and Blood Institute recently received a group award for outstanding efforts in the closure of expired contracts. Pictured with Douglas Frye, section chief of the Lung Division, Contracts Operations Branch, and showing their award certificates are, back row (l to r): Patricia Longenecker, Mr. Frye, Jacquelyn Butt, and Lynda Eckerd; front row (l to r): Mary Stillman and Marguerite Dreyer.

Dr. Parascandola Named NLM Medical History Chief



Dr. Parascandola

Dr. John L. Parascandola has been appointed chief of the National Library of Medicine's History of Medicine Division, the NLM component housing resources for medical historical scholarship.

Dr. Parascandola was previously professor in both the school of pharmacy and the department of history of science at the University of Wisconsin in Madison. He began his new duties Aug. 15.

A native of New York City, he received a B.S. in chemistry from Brooklyn College in 1963. He then attended the University of Wisconsin for graduate studies in biochemistry. After taking a course in the history of chemistry, he changed career plans which led to a Ph.D. in the history of science from the University of Wisconsin.

Dr. Parascandola next spent a year at Harvard University on a Macy postdoctoral fellowship in the history of medicine and biological science, returned to Madison in 1969 to become assistant professor of history of pharmacy, and then became professor of history of pharmacy and history of science in July 1980.

From 1973 to 1981, he was also director of the American Institute of the History of Pharmacy. Dr. Parascandola received the Edward Kremers Award for his research on the history of chemical pharmacology in 1980. He is currently working on a study of John J. Abel and the development of American pharmacology.

He has published widely—his bibliography lists more than 80 scholarly articles, book reviews, and other writings—with a special research focus on the history of pharmacology, drug therapy, and biological and medicinal chemistry. □

NIH Preschool Has Openings

The NIH Preschool Developmental Program is accepting applications for immediate and future vacancies.

NIH employees with children between 3 and 5 years old may obtain applications in Bldg. 35, Rm. 1B05.

For more information, call Sherrie Rudick, 496-5144. □

Combined Federal Campaign Starts Oct. 17 With Race

At noon Oct. 17, the NIH Combined Federal Campaign (CFC) will be off and running—literally—with a foot race.

Recognizing the increasing popularity of running events, the CFC Coordinating Committee will kick off this year's campaign with a 5K (three-mile) cross-country CFC run at NIH. The committee will sponsor the event with the NIH Recreation and Welfare Association and Health's Angels, the NIH Jogging Club.

First, second, and third place awards will be presented to the winners in four divisions: male 39 and under, female 39 and under, male 40 and over, and female 40 and over.

The entry fee of \$5 per runner includes a T-shirt featuring the 1984 CFC slogan, "Hand in Hand—helping others," along with the Health's Angels and CFC logos.

The CFC run is open to anyone. Runners wishing to compete must register at the R & W Activities Desk, Bldg. 31, Rm. B1W30, by Sept. 16. □

Conference on Burn Injuries Scheduled for Sept. 26-28

The National Institute of General Medical Sciences, in conjunction with the International Society for Burn Injuries and the American Burn Association, is sponsoring a conference Sept. 26-28 on "Frontiers in Understanding Burn Injury." The conference will seek to speed the exchange of information and new technology from basic research on burns and trauma to clinical applications.

Burn injury is the third leading cause of accidental death in the U.S. Each year approximately 2 million people receive burns serious enough to require medical attention. Of these, about 75,000 are hospitalized and 12,000 die.

The meeting will be held in the Clinical Center Masur Auditorium. In addition to presenting new areas of burn research for future emphasis and support, the conference will encourage collaboration between scientists conducting basic research and clinicians applying the results of their own and others' fundamental studies toward improved patient care.

Among topics to be addressed are repair of thermally injured skin, including the use of artificial skin; immunological alterations following burn injury; pain and anxiety in the burn injured; and advanced technology and methodology in burn research.

The meeting will be chaired by Dr. G. Thomas Shires, professor and chairman of the department of surgery at Cornell University Medical College, and will feature panel discussions followed by questions from the audience. A summary session is scheduled for the morning of Sept. 28. □

Life is the art of drawing sufficient conclusions from insufficient premises.—
Samuel Butler □

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